

HISTORY FACILITY PROFILE

CRESTVIEW CARE CENTER PROVIDER #: 465082 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 1053 WEST 1020 SOUTH PHONE NUMBER: (801) 373-2630 TOTAL: 99
 PROVO UT 84601 PARTICIPATION DATE: 08/01/1981 CERTIFIED: 99 TYPE OWNERSHIP: FOR PROFIT - PARTNERSHIP
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/30/2001		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 99			
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TOTAL:	63	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	9	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	40				99		
OTHER:	14						

CURRENT SURVEY REVISIT DATES - 11/13/2001

PRIOR 3 SURVEY 03/1998	S/S CODE	PRIOR 2 SURVEY 05/1999	S/S CODE	PRIOR 1 SURVEY 06/2000	S/S CODE	CURRENT SURVEY 08/30/2001	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
				X	D				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
						X C	D	10/29/2001	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
						X C	D	10/29/2001	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	D								REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	D								REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST

PRIOR 3 SURVEY 03/1998	PRIOR 2 SURVEY 02/1999	PRIOR 1 SURVEY 06/2000	CURRENT SURVEY 09/06/2001	PLAN/DATE OF CORRECTION
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X			X C	11/08/2001
			X C	09/11/2001
X	X			
	X			
		X	X N	
			X C	09/24/2001
	X	X	X C	09/06/2001

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
 K0029-HAZARDOUS AREAS - SEPARATION
 K0038-EXIT ACCESS
 K0050-FIRE DRILLS
 K0054-SMOKE DETECTOR MAINTENANCE
 K0056-AUTOMATIC SPRINKLER SYSTEM
 K0072-FURNISHING AND DECORATIONS
 K0130-OTHER

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	2	1	0	2
HEALTH TOTAL	2	1	0	2
LIFE SAFETY CODE	5	2	3	2
LIFE SAFETY CODE + HEALTH	7	3	3	4

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
08/29/2000	UNSUBSTANTIATED
07/23/2001	SUBSTANTIATED
08/30/2001	UNSUBSTANTIATED
04/11/2002	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT